



2023-24

Impact Assessment Report



PROGRAMME AAROGYA, SHIKSHA AND UDAAN

Assessment Agency:

ImpactDash (EveryULB Technologies Pvt. Ltd.)
www.impactdash.com



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Acronyms

CGPA	Cumulative Grade Point Average
CSR	Corporate Social Responsibility
FFE	Foundation For Excellence
FGD	Focus Group Discussion
FGDs	Focus Group Discussions
IDI	In-Depth Interview
IDIs	In-Depth Interviews
IARC	International Agency for Research on Cancer
KII	Key Informant Interview
KIIs	Key Informant Interviews
MIS	Management Information System
MSC	Most Significant Change
NEP	National Education Policy
OECD-DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee
RAZ	Reading A–Z
SEL	Social-Emotional Learning
TMC	Tata Memorial Centre
ToC	Theory of Change
UT	Union Territory
WHO	World Health Organization

Impact Assessment Report

Programme Aarogya - Financial Support to Paediatric Cancer Patients

Assessment year: FY 2023-24

Introduction

Programme Aarogya, supported by TransUnion CIBIL in collaboration with Tata Memorial Centre (TMC) in Mumbai and Homi Bhabha Cancer Hospital in Varanasi, plays a vital role in paediatric cancer care in India by addressing the key barrier of financial hardship.

Cancer is a major global health concern, with nearly 20 million new cases annually and causes one in six deaths worldwide (WHO, 2023). Childhood cancer, though less common, is a significant challenge, accounting for about 200,000 new cases each year—80% in low- and middle-income countries (LMICs) where access to timely diagnosis and treatment is limited (WHO, 2023).

Survival rates exceed 80% in high-income countries but drop to 15–45% in LMICs due to delayed diagnosis, limited resources, treatment abandonment, and weak cancer care systems (WHO, 2023).

India bears a substantial share of this burden, with childhood cancers making up around 4% of all cancers and primarily affecting children aged 0–14 years (IARC, 2025).

Incidence estimates reach 136 cases per million children in some regions, with survival rates around 60–70% where quality data exist. However, gaps in cancer registries, delayed diagnosis, financial hardship, and uneven quality of care continue to hinder effective national response (IARC, 2025; Kumar et al., 2025).



The programme's relevance is further strengthened through its partnership with TMC, one of the world's leading comprehensive cancer centres, recognised for its commitment to equitable, high-quality paediatric oncology care. TMC's extensive multi-site infrastructure, coupled with the operational support of the ImPaCCT Foundation, enables Programme Aarogya to deliver both immediate clinical relief and scalable, long-term impact, positioning the initiative as a strategically significant intervention within India's paediatric cancer care ecosystem.

Rationale

The impact assessment of Programme Aarogya was undertaken to evaluate its effectiveness in addressing financial barriers that contribute to delayed diagnosis and treatment abandonment in childhood cancer care in India. The project is funded by TransUnion CIBIL and implemented through the Tata Memorial Centre and ImPaCCT Foundation. The assessment examines the programme's contribution to improving treatment adherence, reducing care disparities, and strengthening equitable paediatric oncology delivery, while generating evidence to inform programme refinement, scalability, and long-term sustainability.

Assessment objectives

- **Relevance (OECD–DAC lens):** Evaluate how Programme Aarogya addresses the urgent need for paediatric cancer support among low-income families, examining alignment with local community priorities, health equity goals, and broader social development objectives using the OECD–DAC relevance lens.
- **Theory of Change, and Effectiveness:** Validate the programme's Theory of Change (ToC) by examining whether planned pathways and assumptions hold in practice, and assess programme effectiveness using OECD–DAC criteria, Outcome Harvesting, and Most Significant Change to capture both intended and unintended outcomes.

Assessment Methodology

This evaluation has adopted a cross-sectional, mixed-method design, collecting primary data in October 2025 alongside reviewing programme documentation, and state/national benchmarks. It combines: Quantitative surveys and Qualitative inquiry (KIIs/FGDs/ IDIs)

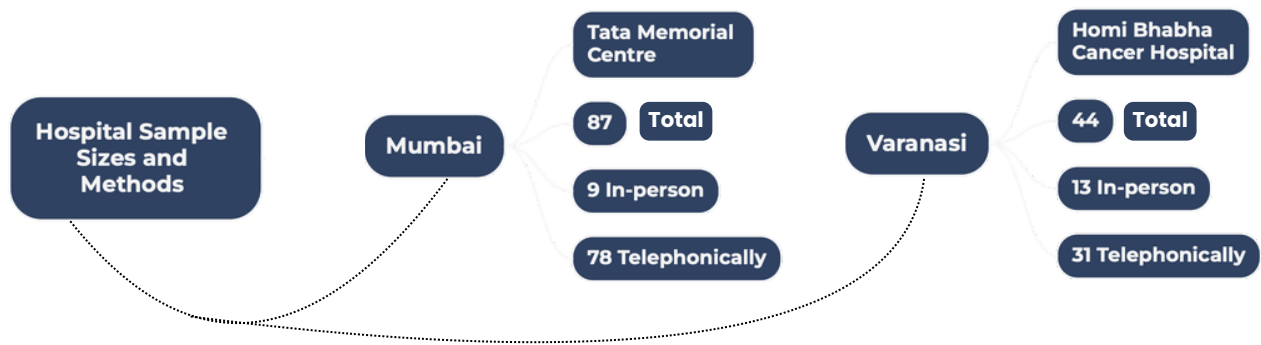


Fig. 1: Quantitative sample distribution among hospitals



Caregivers

A total of twelve caregiver engagements were conducted across the two locations, comprising both Focus Group Discussions (FGDs) and In-Depth Interviews (IDIs). This included two FGDs with caregivers (one held in Mumbai at Tata Memorial Centre and one in Varanasi at Homi Bhabha Cancer Hospital) and ten IDIs with caregivers, of which six were conducted in Mumbai and four in Varanasi.



Doctors

Two Key Informant Interviews with doctors were conducted in total, with one interview carried out in Mumbai and one in Varanasi.



Medical Social Workers

Three Key Informant Interviews with Medical Social Workers were conducted overall, including two in Mumbai and one in Varanasi.

Triangulated Analysis

Qualitative themes were integrated with quantitative results to capture both measurable outcomes and lived experiences of Programme Aarogya's impact. This triangulation strengthened analysis and supported evidence-based recommendations.

Rigorous Data Quality

Trained teams conducted fieldwork at Tata Memorial Centre, Mumbai, and Homi Bhabha Cancer Hospital, Varanasi, supported by local enumerators. Daily reviews, completeness checks, and oversight by core researchers ensured data quality, while experienced facilitators led KIIs and FGDs.

Credible Evidence

These measures ensured the evidence was reliable, contextually grounded, and representative, enabling a strong assessment of programme impact.



Image 1. Enumerators interacting with hospital staff

Summary

Overview

Programme Aarogya is a structured paediatric cancer care support intervention funded under TransUnion CIBIL's Corporate Social Responsibility (CSR) programme and implemented in partnership with the Tata Memorial Centre (Mumbai) and Homi Bhabha Cancer Hospital (Varanasi).

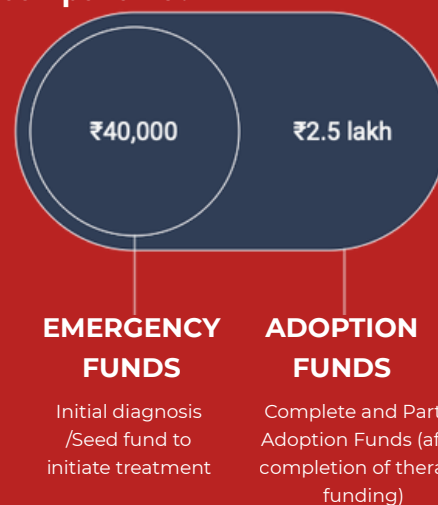
The programme (FY 2023-24) was conceptualised in response to persistently high rates of treatment abandonment in childhood cancer, particularly among socio-economically vulnerable households for whom the financial, logistical, and psychosocial costs of prolonged oncology care constitute insurmountable barriers.

Scale and coverage

Target Population:

- Paediatric cancer patients from economically vulnerable households
- Families identified through hospital-based Medical Social Workers

Core components :



Scale of Implementation:

749

paediatric patients supported during FY 2023-24.

555

children were set to be programme target.

Present Situation of Cancer Related illness

GLOBAL IMPACT



SURVIVAL RATES



Source: WHO, 2023

IN INDIA

≈ 4%

of all cancers



136 cases per million children

≈ 4% of all cancers

CHALLENGES



Delayed diagnosis



Barriers to care



Treatment abandonment

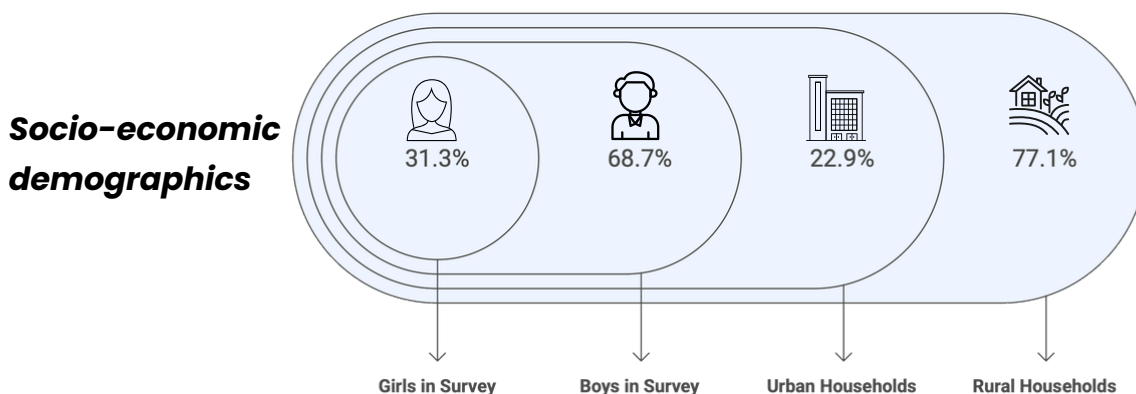


Quality of care

Source: IARC, 2025; Kumar et al., 2025

Key findings

The assessment covered 131 caregiver households of paediatric cancer patients supported under Programme Aarogya at Tata Memorial Centre (Mumbai) and Homi Bhabha Cancer Hospital (Varanasi).



Programme Coverage & Support Services

100%
of surveyed households received financial assistance through the programme

84.7%
reported accessing counselling services provided by Medical Social Workers, and rest reflects differences in individual needs, case profiles, and referral processes, as counselling is provided based on assessed requirements and consent.

Treatment Status & Continuity

73.3%
of children were undergoing active treatment, while the remaining children had completed treatment across different follow-up periods (<6 months, 6–12 months, 1–2 years, and >2 years).

98.1%
of caregivers reported that treatment was completed or continued without major interruption, supported by the programme.

Health Outcomes

95.4%
of caregivers (rural: 97%; urban: 92%) reported having met most urgent needs like medicine, medical tests and travel to the hospital.

86%
of caregivers reported that the child had completely recovered.

Psychosocial Impact on Families

93.9%

of caregivers reported a reduction in family stress due to programme support

98.5%

of caregivers reported increased confidence in managing their child's illness.

No-support scenario

23.7%

of caregivers indicated that, in the absence of programme support, treatment would have been discontinued.

17.6%

of caregivers reported that treatment would have been delayed.

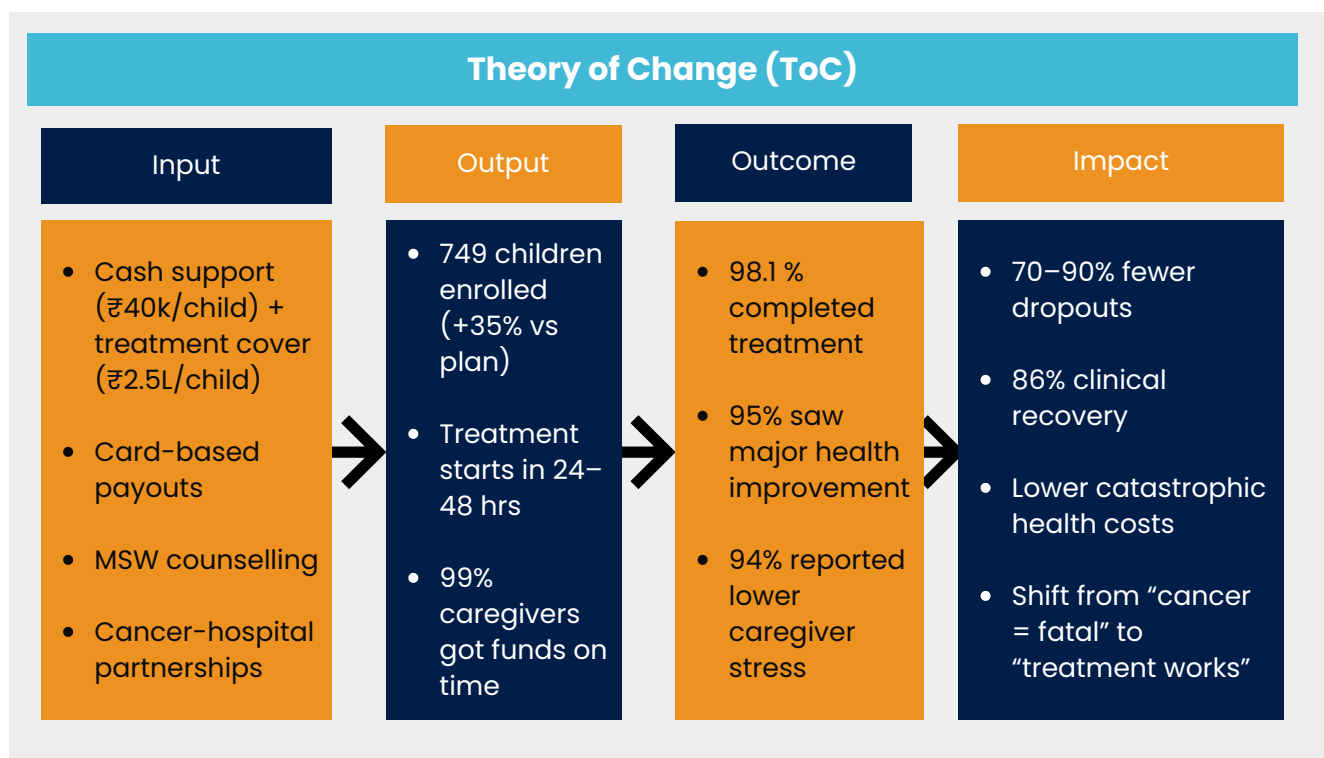
52%

of households reported that they would have sold assets and 56.5% would have relied on high-interest borrowing to finance treatment in the absence of programme assistance.



Image 2. Homi Bhabha Cancer Hospital, Varanasi

Framework-wise findings



OECD-DAC

Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability were assessed by triangulating (a) quantitative beneficiary ratings (mean scores on 1–5 Likert scales) with (b) qualitative evidence from IDIs, KIIs, and FGDs.



Criterion	Strategic Outcome
Relevance	Deep penetration into rural, low-income families (77.1% rural).
Effectiveness	Exceeded beneficiary targets and achieved 98.1 % treatment completion.
Efficiency	Enabled rapid treatment initiation within 24–48 hours through timely financial support.
Impact	- Reduced long-term stress; meaningful positive changes in daily life; lasting health gains; improved perceptions of cancer care; influence on others; and greater hope about the future. - Qualitative Evidence: IDIs, KIs, and FGDs reinforce impact across three levels: - Clinical: Improved survival outcomes, avoided mortality, and prevented treatment interruptions. - Household: Restoration of routines, children returning to school, prevention of further asset loss, and improved emotional stability (e.g., ability to “sleep peacefully”). - Community: Positive attitude shifts and peer navigation supporting other patients.
Sustainability	Caregivers formed peer-support networks sustaining treatment-seeking behaviours.

Outcome Harvesting

Unplanned (Emergent) outcomes

- **Creation of informal referral networks by caregivers.**
- **Emergence of alternative care-giving structures among stakeholders.**
- **Knowledge transfer and rights awareness among the caregivers.**

Long term outcome

- **Restoration and normalisation of household conditions**
- **Empowerment of Caregivers and Community**
- **Care-givers becoming change agents in the community,**

Medium term outcome

- **Improvement in treatment adherence rates and protocol completion**
- **Improved clinical recovery and survival rates among stakeholders**

Short term outcome

- **Treatment Continuity, Stabilisation and Early Recovery**
- **Psychosocial relief for caregivers**

Most-Significant Change

The Most Significant Change (MSC) analysis highlighted that the program facilitated health improvements anchored in survival outcomes, attributable to the initiation of treatment at the earliest feasible stage and sustained, uninterrupted funding. These gains were accompanied by substantial reductions in caregiver stress, increased levels of hope, and evident spillover effects on peers and shifts in attitude for cancer treatment and community norms.

83.2%

(Male: 84; Female: 25)
Improvement in the child's health



- Reduced caregiver stress (67.9%).
- Greater understanding of the treatment process (66.4%).
- Earlier initiation of treatment (55.7%).
- Lower reliance on borrowing/loans (54.2%).
- Improved family relationships (32.8%).
- Fewer missed appointments or treatment doses (23.7%).
- Successful linkage to other support schemes (13.0%).

SWOT Analysis

Strengths

- Enhanced clinical decision-making
- Rapid response system operational excellence

Weaknesses

- Limited awareness among the target population acts as an entry barrier.
- Low pre-enrolment awareness and catastrophic early costs
- No after-hours support currently available

Opportunities

- Digital Integration (Scaling via WhatsApp and SMS)
- High potential for model scalability
- Strategic partnerships

Threats

- Long-term funding sustainability
- Persistent social stigma regarding health issues
- Legacy economic debt hindering participation

Conclusion

Programme Aarogya has matured into a high-impact, system-enabling intervention that has demonstrably reduced treatment abandonment in paediatric cancer care through rapid financial support, intensive psychosocial counselling, and proactive case management. With consistently high treatment completion rates, documented reductions in family stress, and strong, institutionalised partnerships with hospitals and implementation partners, the programme has progressed beyond short-term financial relief to delivering durable health and social outcomes. At this stage of maturity, Programme Aarogya is well-positioned for a responsible, planned transition, provided that exit decisions are phased, data-led, and firmly centred on safeguarding beneficiary outcomes and institutional continuity.

Exit Plan Strategy

Stage 1: Stabilisation and Exit Readiness (0–6 Months)

- Close new enrolments and ensure completion of all active treatments.
- Map beneficiaries, financial exposure, and treatment interruption risks.
- Ring-fence funds for treatment completion and medical emergencies.
- Identify and assess potential institutional successors (e.g., government schemes, hospital funds)

Stage 2: Phased Transition and Shared Ownership (6–18 Months)

- Gradually reduce CSR share while ensuring fund timeliness through defined service-led agreements, since rapid access is a core driver of continuity (99.3% reported timely fund receipt; treatment starts within 24–48 hours).
- Formalise caregiver-led peer referral/support structures, as organic referrals already exist and loss of support risks drop-off (since 23.7% said treatment would discontinue without support; peer referrals observed, including high referral counts).

Stage 3: Controlled Exit and Assurance (18–36 Months)

- Reduce CSR involvement to a contingency backstop while successor partners assume full operational control.
- Monitor treatment continuity, fund timeliness, gender equity, and beneficiary satisfaction through quarterly reviews.
- Execute full exit only after performance indicators remain stable across multiple review cycles.

Impact Assessment Report

Programme Shiksha

Assessment year: FY 2023-24



Introduction

Education systems worldwide have progressively moved beyond a narrow emphasis on access and enrolment toward improving learning quality, equity, and holistic development; yet substantial proportions of students—particularly in low- and middle-income countries—continue to complete years of schooling without attaining foundational literacy, numeracy, and essential life skills (World Bank, 2018; UNESCO, 2021). This persistent learning crisis reflects the interaction of multiple structural and pedagogical factors, including teacher capacity, instructional practices, student socio-emotional well-being, household circumstances, and community contexts (OECD, 2018; UNICEF, 2009).

In India, although elementary enrolment is nearly universal, national and sub-national assessments consistently document low learning outcomes, especially within government school systems (ASER, 2023). Likewise, Mumbai's municipal schools face systemic constraints, where evidence shows that integrated, whole-school approaches, rather than standalone academic interventions, are more effective in improving learning and retention (OECD, 2018; UNICEF, 2020).

Programme Shiksha, funded by TransUnion CIBIL (TU CIBIL) and implemented with The Akanksha Foundation is Public-Private Partnership model supporting Mumbai's municipal schools, strengthens public education through structured pedagogy, socio-emotional learning, and teacher capacity building. By leveraging existing government infrastructure, it improves classroom practice while enabling scalable, sustainable, and equitable learning outcomes.

STRATEGIC OVERVIEW: PROGRAM GOALS



1. System Partnership and Reach

Implemented in Mumbai municipal schools with the Akanksha Foundation, known for whole-school public education reform.

2. Scalable, Sustainable Impact

Builds structured pedagogy, socio-emotional learning, and teacher capacity within existing government schools—improving classrooms now while enabling long-term scale aligned to equitable, holistic learning priorities.

Rationale

The impact assessment was conducted to check how well Programme Shiksha improves foundational learning, socio-emotional development, and teaching practices in urban municipal schools, and to generate evidence for programme improvement, scaling, and long-term sustainability. It was also undertaken because urban government schools face layered challenges. So it is important to understand whether a whole-school approach is addressing these barriers in a practical way. The study, therefore, documents what changes are visible for students, teachers, and families, and identifies which program components are working well and which need strengthening

Assessment objectives

- Assess programme relevance, design coherence, and effectiveness in improving student learning outcomes, teaching practices, and socio-emotional development in urban municipal schools.
- Examine depth, sustainability, and value of outcomes, including system-level change.
- Generate actionable evidence to inform programme refinement, scalability, and strategic CSR decision-making, and implementation practices.
- Address the contextual challenges of urban municipal schools—such as foundational learning gaps, irregular attendance, limited resources, and low home learning support—by identifying what is working well, what needs strengthening, and what should be prioritised to sustain and scale impact.

Assessment Methodology

This evaluation has adopted a cross-sectional, mixed-methods design, collecting primary data in October 2025 and reviewing programme documentation. It combined: Quantitative surveys and Qualitative inquiry (KIIs/FGDs/ IDIs).

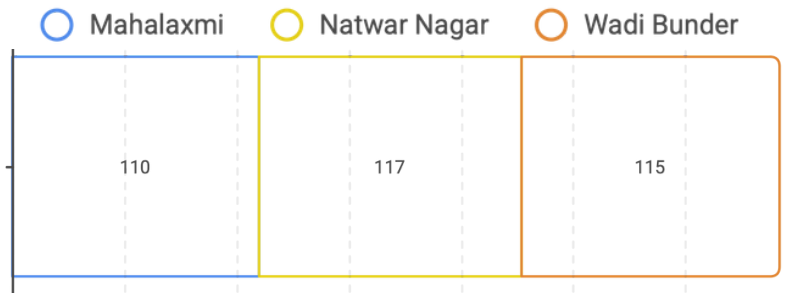


Fig. 2 : Quantitative sample distribution among students in three intervention schools

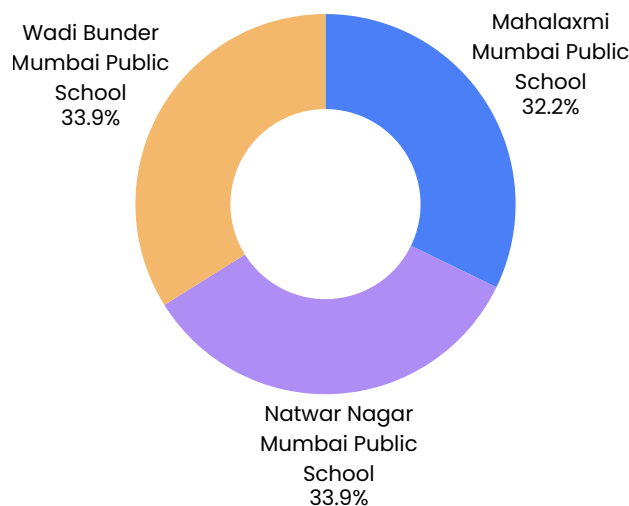


Fig. 3: Quantitative sample distribution among teachers in three intervention schools

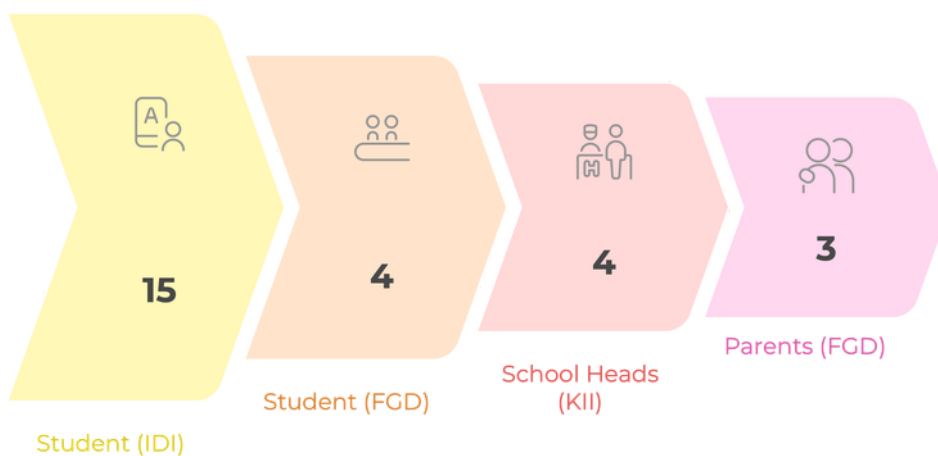


Fig. 4 : Qualitative sample distribution* in three intervention schools

*Qualitative sample: Mahalaxmi (5 student IDIs, 1 student FGD, 2 KIIs, 1 parent FGD); Natwar (5 student IDIs, 1 student FGD, 1 KII, 1 parent FGD); Wadi Bunder (5 student IDIs, 2 student FGDs, 1 KII, 1 parent FGD).

Programme Shiksha's assessment combined qualitative thematic insights with quantitative results to create a holistic view of impact—capturing both measurable outcomes and lived experiences of students, teachers, and families. This triangulation strengthened the interpretation and supported clear, evidence-based recommendations.

Data collection followed rigorous quality standards, led by trained teams in Mumbai schools with local enumerators to ensure language accessibility and contextual sensitivity. Quality control included real-time monitoring, daily data reviews, completeness and consistency checks, and supervisory back-checks under core team oversight.



Image 3. Focus-group discussion with parents

Summary

Overview

Programme Shiksha is a comprehensive school transformation and learning support intervention funded under TransUnion CIBIL's Corporate Social Responsibility (CSR) programme and implemented in partnership with the Akanksha Foundation across three municipal schools in Mumbai—Mahalaxmi, Natwar Nagar, and Wadi Bunder.

The programme was conceptualised in response to persistent learning deficits and systemic challenges in urban public education, particularly among students from socio-economically vulnerable households for whom gaps in teacher capacity, foundational literacy and numeracy, digital access, and socio-emotional support create significant barriers to sustained academic progress and holistic development.

Scale and coverage

Target Population:

- **Primary beneficiaries:** Students from Junior KG to Grade 10 belonging largely to economically vulnerable households, including families engaged in daily wage labour, domestic work, small vending, transport services, and other informal sector occupations.
- **Secondary beneficiaries:** Teachers (through capacity building support) and parents (through engagement on student well-being, safety, and learning support)

Core Support Components:



Academic Support

Enhances literacy and numeracy skills using SHARP pedagogy



Socio-Emotional Support

Fosters well-being and social skills

SNAPSHOT OF THE PROGRAMME

3

schools
covered

1,396

students
reached

78

teachers
supported

- **Grades covered:** Junior KG to Grade 10
- **Geographic coverage:** Low-income urban communities in Mumbai

Key findings

The assessment covered 342 students and 59 educators participating in Programme Shiksha across three Mumbai municipal schools (Mahalaxmi, Natwar Nagar, and Wadi Bunder) implemented in partnership with the Akanksha Foundation.

Socio-economic demographics



52.9% of surveyed students were girls and 47.1% were boys, with participation evenly distributed across Classes 6–10 in this assessment.



Majority of teachers in the assessment were subject teachers (66.1%, n=39), followed by class teachers (45.8%, n=27). A smaller proportion served as coordinators (10.2%, n=6) and counsellors (3.4%, n=2).

Academic Outcomes



of students progressed by at least one reading level through structured literacy interventions (Reading A–Z).



of students reached grade-appropriate foundational skills (per school monitoring/leadership reporting), up from a baseline where 56.5% had a reading deficit (below grade-level foundational reading)

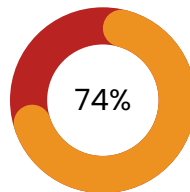


baseline reading deficit was effectively addressed through systematic foundational tools and classroom integration.

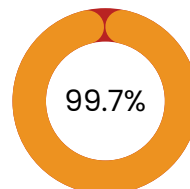
Socio-Emotional and Behavioural Outcomes



of students reported being “much more confident” to speak in class, reflecting significant gains in communication and participation.

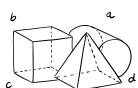


of students reported feeling safer in classrooms following SEL interventions, indicating improved emotional security and trust



of students participated in Circle Time and advisory sessions, ensuring universal exposure to socio-emotional learning.

10–12%



improvement in mathematics performance was observed due to activity-based pedagogy and digital instruction.

Teacher Capacity and Pedagogical Change



of teachers had more than seven years of experience, supporting effective uptake and institutionalisation of new practices



of teachers consistently used SHARP pedagogy, signalling high adoption of student-centred, activity-based teaching.



of teachers reported “always” using structured reading tools, embedding foundational literacy into daily instruction.

Digital Literacy and Innovation



of students were exposed to digital learning tools during classroom instruction, ensuring widespread access despite limited device ownership at home.



of students reported using technology daily in school, indicating routine integration into teaching and learning processes.



of students reported that technology “helped a lot” in improving their learning, demonstrating strong perceived academic benefits. Students also developed advanced digital skills such as presentations, coding, basic HTML, and independent website creation, reflecting applied digital competency.

Family and Community-Level Outcomes

Intervention components:	Baseline context:	Learning support at home:	Behaviour & emotional support:
Parent counselling, safety/health/parenting workshops, and regular school–parent communication platforms.	Limited parent awareness of learning progress, low involvement due to work constraints, and weak home support for learning continuity.	Improved parental understanding of learning needs and monitoring of study routines strengthened the home learning environment.	Improved parent–child communication and fewer conflicts, strengthening students’ emotional security.



parent participation strengthened home–school alignment, creating a stronger learning ecosystem beyond the classroom through improved continuity between school support and home follow-through, while enhancing learning support, student well-being, and engagement.

Framework-wise findings



OECD-DAC

Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability were assessed by triangulating (a) quantitative beneficiary ratings (mean scores on 1–5 Likert scales) with (b) qualitative evidence from IDIs, KIs, and FGDs.

Criterion	Strategic Outcome
Relevance	Addressed foundational and SEL gaps among 1,396 students in 3 Mumbai municipal schools, aligned with NEP 2020 priorities.
Effectiveness	57% of students advanced by at least one RAZ level; maths scores improved by 10–12%; 64.6% reported higher confidence; and 79.7% of teachers adopted SHARP pedagogy.
Efficiency	Whole-school model leveraged teacher capacity (79.7% SHARP use) and digital inputs (59.9% daily tech use) to deliver multi-domain outcomes.
Impact	Reduced foundational learning gaps, with up to 94% of students achieving grade-appropriate skills; sustained improvements in student well-being and engagement (74.0% reporting safer classrooms), alongside emerging household spillovers such as stronger parent–child learning support and increased confidence contributing to longer-term social mobility.
Sustainability	Practices embedded with 72.9% routine RAZ use, 57.6% teachers reporting sustained learning improvement, and >80% parent participation.

4.7/5**Relevance****4.6/5****Coherence****4.7/5****Effectiveness****4.7/5****Efficiency****4.3/5****Impact****4.7/5****Sustainability**

Outcome Harvesting

Unplanned (Emergent) outcomes

- Student-led peer mentoring networks
- Students applying digital skills independently; early innovation/enterprise behaviours
- Students influencing household/community attitudes and cohesion

Long term outcome

- Stabilised foundational learning; reduced learning anxiety
- Student-centred pedagogy embedded; inclusive, supportive school culture
- Stronger teacher professional identity; improved school-home alignment and intergenerational learning

Medium term outcome

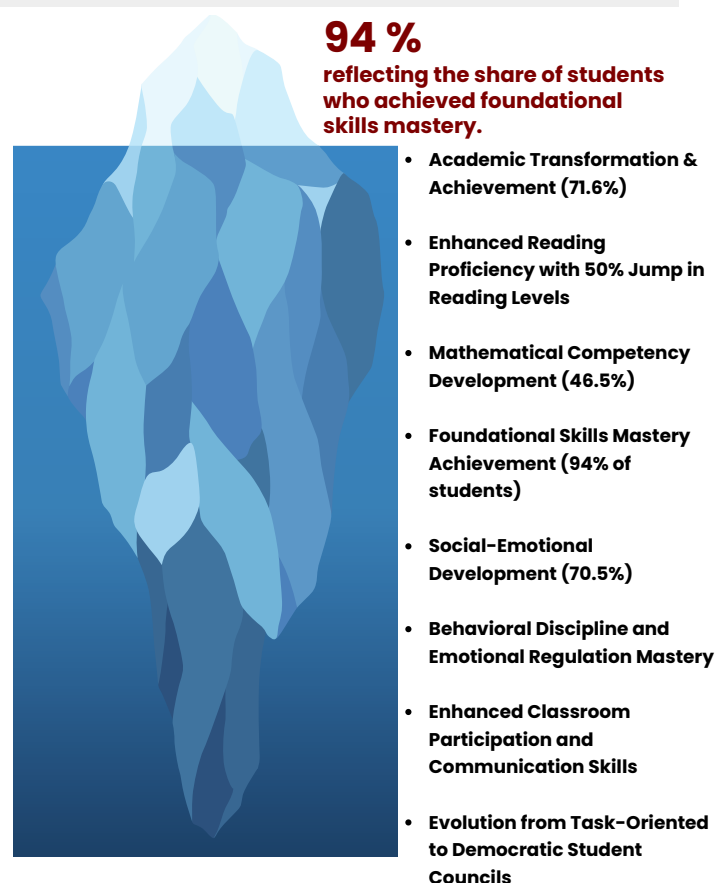
- Sustained participation; introverted students become active speakers
- Stronger peer collaboration and academic self-belief (reading/English/math)
- Teachers more responsive; increased student leadership; improved parent-child interactions

Short term outcome

- Safer, emotionally comfortable classrooms; stronger student-teacher trust
- Less fear of punishment; higher participation, attention, and engagement
- Early confidence gains; improved emotional regulation and expression

Most-Significant Change

The Most Significant Change (MSC) analysis for Programme Shiksha highlighted meaningful gains in student learning, confidence, and engagement, driven by sustained teacher support, structured pedagogy, and integrated academic and SEL interventions. These shifts included stronger student-teacher trust, reduced learning anxiety, better peer collaboration, and spillovers such as improved parent-child learning interactions and positive household attitudes toward education and digital use.



SWOT Analysis

Strengths

- Effective digital learning integration
- Strong parent engagement

Weaknesses

- Limited Infrastructure
- Heavy dependence on external support for resources
- Gaps in special-needs support



Opportunities

- Expansion into AI and Robotics (Advanced career learning)
- Creating stronger higher education pathways
- Scaling peer learning models

Threats

- Reduction of external support harming teacher development
- Family financial vulnerability affecting attendance

Programme Shiksha is making a strong positive impact. It has improved student learning, confidence, and life skills, while helping teachers adopt more effective teaching practices and encouraging greater parent engagement in education.

There are also opportunities to strengthen the programme by expanding into areas such as AI and robotics, building stronger higher education pathways, and scaling peer-learning models. However, sustaining and expanding these benefits will require addressing challenges related to limited infrastructure, dependence on external funding, gaps in special-needs support, and family financial vulnerabilities that can affect student participation.

Conclusion

Programme Shiksha has evolved into a high-impact, system-enabling CSR intervention that strengthens public education through an integrated whole-school approach. By strengthening foundational learning, socio-emotional development, and teaching practices, it is helping students in underserved government schools achieve equitable, sustained learning outcomes.

With strong adoption of structured pedagogy and measurable gains in literacy, numeracy, and student confidence, the programme has significantly reduced foundational learning gaps while enhancing classroom environments and teacher effectiveness. It has also generated positive spillovers at the household level, including improved parent engagement and learning continuity.

Having moved beyond standalone academic support, Programme Shiksha is well-positioned to scale as a sustainable school transformation model.

Exit Plan Strategy

Stage 1: Stabilisation and Exit Readiness (0–6 Months)

- Pause expansion; consolidate quality across existing schools.
- Complete all active academic, teacher, SEL, and parent engagement cycles.
- Map critical dependencies, funding exposure, and operational risks.
- Ring-fence funds for essential delivery, maintenance, and transition costs.
- Finalise documentation, SOPs, and data systems for handover.
- Assess BMC and Akanksha's readiness and identify capacity gaps.

Stage 2: Phased Transition and Shared Ownership (6–18 Months)

- Shift to a co-management model with clear roles and milestones.
- Transition financing to a blended model (BMC budgets, government schemes, diversified partners).
- Reposition Akanksha from direct delivery to training, mentoring, and quality assurance.
- Institutionalise teacher peer networks, PTAs, and student leadership structures.

Stage 3: Controlled Exit and Assurance (18–36 Months)

- Reduce the CSR role to governance and contingency support.
- Monitor learning outcomes, teacher capacity, infrastructure, and engagement through quarterly reviews.
- Execute full exit only after performance remains stable across multiple review cycles.

Impact Assessment Report

Programme Udaan

Assessment year: FY 2023-24

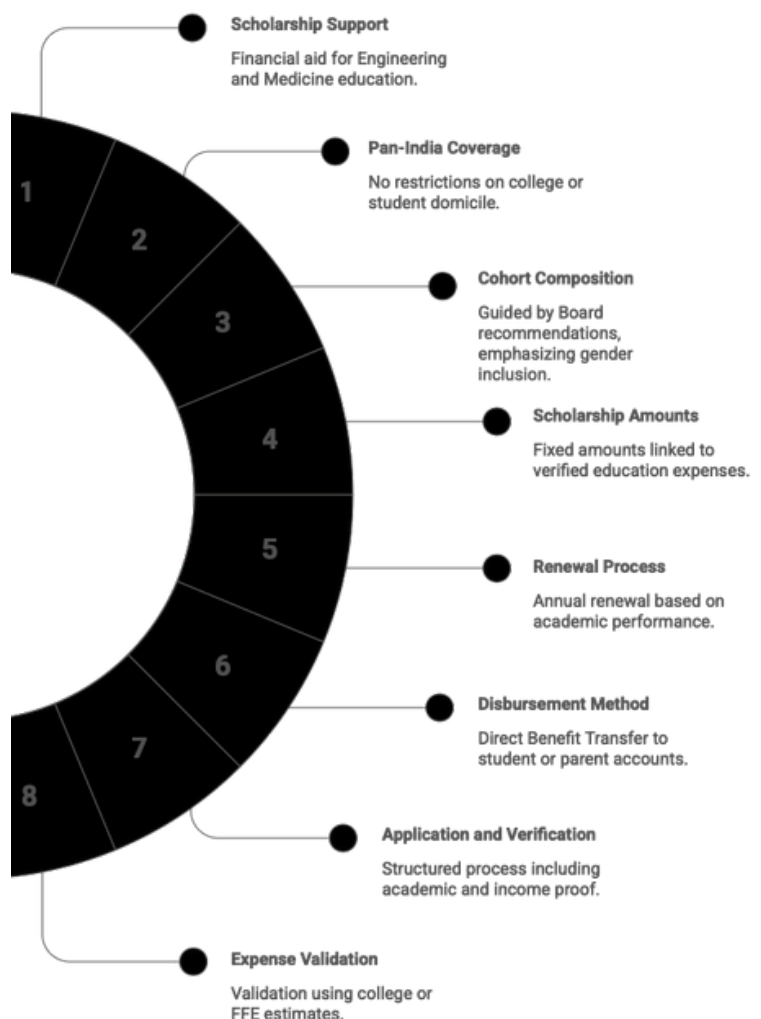
Introduction

Education is globally recognised as a fundamental enabler of social mobility, economic development, and poverty alleviation (UNESCO, 2020; World Bank, 2018). Access to quality higher education, in particular, serves as a critical pathway for youth from marginalised communities to break intergenerational cycles of poverty and contribute meaningfully to national development (Marginson, 2016). However, financial barriers remain one of the most significant obstacles preventing meritorious students from economically disadvantaged backgrounds from pursuing professional education in India (Chattopadhyay, 2012; Tilak, 2020).

Students from low-income households, particularly those with annual family incomes of ₹3 lakh or below, face compounded disadvantages, including inadequate financial resources for tuition, limited access to educational guidance, and reduced social capital for career advancement.

Financial, structural barriers derail talent, perpetuating inequality (Aiston, 2024).

Programme Udaan is TU CIBIL's scholarship-led CSR initiative, launched in 2016 to support low-income students across India in pursuing higher education and career goals. Delivered with an implementation partner—Foundation For Excellence (FFE). Support typically spans the full course duration and includes soft-skills training, professional mentoring (including TU CIBIL associates), and academic monitoring, with pathways to placement drives post-study.



The programme is highly relevant in the Indian context, where persistent financial and structural barriers continue to limit equitable access to higher education and subsequent employment opportunities. By supporting students from economically disadvantaged backgrounds through scholarships combined with academic guidance, mentorship, and career-oriented support, the programme addresses critical gaps that extend beyond financial aid alone.

Rationale

The impact assessment of Programme Udaan was undertaken to evaluate its effectiveness in improving access to and continuity in higher education for students from economically disadvantaged backgrounds through scholarship and mentorship support, while generating evidence to inform programme refinement, scalability, and long-term sustainability.

Assessment objectives

Evaluate Programme Udaan's alignment with the educational needs of economically disadvantaged students, local priorities, and CSR goals, including a review of the Theory of Change, and effectiveness of scholarship and mentorship delivery using OECD-DAC criteria.

Assess intended and unintended educational, academic, and employability outcomes through Outcome Harvesting and human-centred methods.

Evaluate the sustainability of benefits beyond the support period, assess inclusion and equity across beneficiary groups, and generate actionable recommendations for programme refinement and future scaling.

Assessment Methodology

This study adopted a mixed-methods convergent parallel research design, aligning with the assessment's objectives of combining quantitative measurement with qualitative insights to capture the full spectrum of program outcomes (Bryman, 2012).

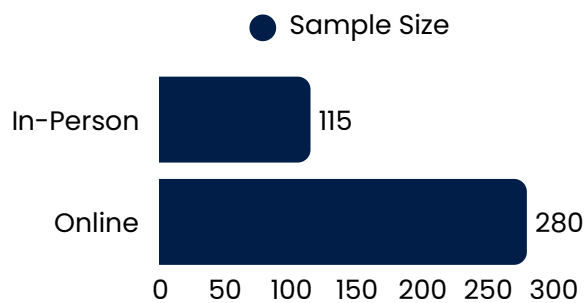


Fig. 5: Quantitative sample distribution for Programme Udaan

In-person data was collected from Pune, Bangalore, Srinagar, Agartala, Allahabad, Guwahati, Chennai, Jalandhar, Patna, Ahmedabad, Vadodara

***Note:** A convenience sampling was used for the nature of the availability of the participants. The contact details for conducting the surveys were provided by the implementation partners to the enumerators.

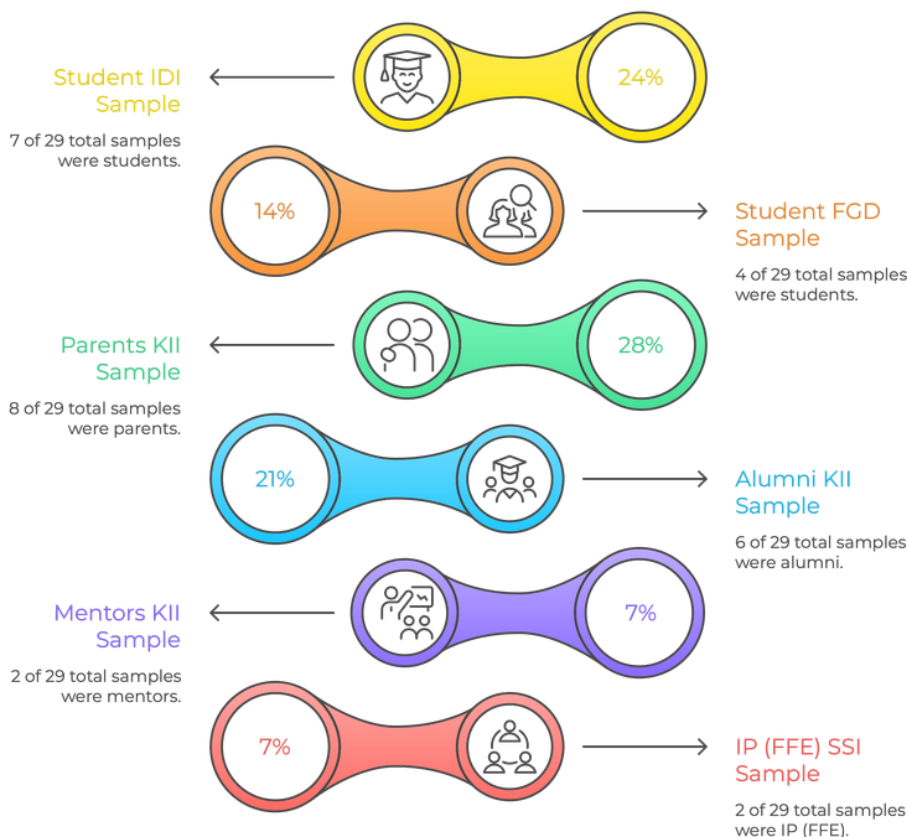


Fig. 6: Qualitative sample distribution for Programme Udaan

Data analysis for the impact assessment of Programme Udaan followed a mixed-methods approach to generate a robust and nuanced understanding of programme outcomes. Quantitative data collected through structured beneficiary surveys were systematically cleaned, coded, and analysed using IBM SPSS Statistics (Version 23). The analysis included range and consistency checks, treatment of missing values, and the application of descriptive statistical techniques to examine beneficiary profiles, educational continuity, academic performance, skill development, and early employment indicators.

Qualitative data from Focus Group Discussions and Key Informant Interviews were subjected to thematic analysis, enabling the identification of recurring patterns, explanatory factors, and unintended outcomes related to financial relief, psychosocial wellbeing, and aspirational change. Findings from qualitative and quantitative strands were triangulated to enhance analytical depth, validate results across data sources, and strengthen the interpretation of Programme Udaan's effectiveness and impact.



Image 4. Scholar at an Institution in Assam

Summary

Overview

Programme Udaan, funded by TransUnion CIBIL under its Corporate Social Responsibility (CSR) mandate, seeks to empower economically disadvantaged yet academically meritorious students in India by enabling access to professional higher education. Implemented in partnership with Foundation For Excellence (FFE), the initiative provides need-based scholarships for disciplines such as engineering and medicine. By addressing critical financial barriers, Programme Udaan supports first-generation learners from low-income households, fostering upward social mobility and contributing to India's demographic dividend.

During the 2023–24 assessment period, the programme extended support to scholars across multiple Indian states, mitigating challenges related to high tuition fees, living costs, and unequal access to quality education among marginalised communities.

Scale and coverage

Target Population:

- Economically disadvantaged, academically meritorious students
- Annual family income $\leq$ ₹3,00,000
- Predominantly first-generation college students
- Enrolled in professional courses: engineering and medicine.

Core Support Components:



Total Investment

₹ 49,558,889 (2023–24)



Scholarships Supported

1,096 students received financial aid annually



Income Eligibility

$\leq$ ₹3,00,000 family income for students to qualify



Tuition Coverage

Partial to substantial coverage



Academic Expenses

Books, study materials, essential learning costs

- **Geographic coverage:** 24 states and 8 union territories. (Mailing cities)
- **Academic streams covered:** Engineering and medicine.
- **Implementation period assessed:** FY 2023–24

Key findings

The assessment covered 395 beneficiary students availing the benefits of Programme Udaan, implemented across multiple Indian states in partnership with the Foundation for Excellence, with the evaluation conducted by impactDash.

Socio-economic demographics



Gender representation was nearly equal, with 50.5% male (198) and 49.5% female (194). Participants ranged in age from 18 to 27 years, with a mean age of 22 years (SD = 1.45).



227 students (57.9%) belonged to OBC, 128 (32.7%) to the General category, 25 (6.4%) to SC, and 9 (2.3%) to ST. Most participants preferred not to disclose their social category. (Survey data)



79.3% reported annual incomes below ₹1 lakh; 19.6% between ₹1–3 lakhs; 4 students above ₹3 lakhs. Average income was ₹84,133.94, with 45% dependent on agriculture. Majority had parents educated below or up to Class 12; only 4.1% reported parental postgraduate education.



Surveyed participants represented 24 states and 8 UTs, with the highest representation from Andhra Pradesh (14.8%), Karnataka (13.5%), Gujarat (9.9%), Uttar Pradesh (9.9%), Bihar (9.4%), and Telangana (7.9%).



Among surveyed participants, 52.8% engineering students and 47.2% medical students; 71.9% were currently studying, 21.9% completed within 12 months, and 6.1% completed earlier.



75.5% first-generation college students; 64.3% rural, 22.2% urban, and 13.5% semi-urban.

Retention & Dropout Prevention



of retention rate among surveyed scholars



of scholars reported that they would have stopped education without scholarship



of scholars reported that they would have delayed studies without scholarship



of scholars would have taken loans or sold assets; only 24.2% were likely to drop out vs 43.4% unlikely

Academic Performance

- Programme data indicates sustained academic performance: Engineering average CGPA 8.78 (Y1), 8.40 (Y2), 7.74 (Y3); Medical 66.15% (Y1), 68.11% (Y2), 67.16% (Y3).
- Medical students maintained consistent scores (66–68%).

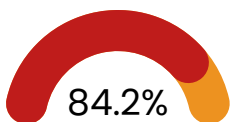
94.9%

reported improved grades due to reduced financial stress

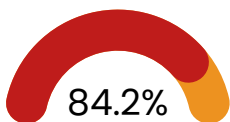
97.1%

reported increased study time after receiving support

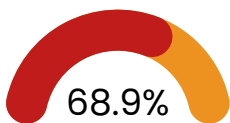
Skill Development & Mentorship



agreed that mentorship and career guidance improved placement outcomes.

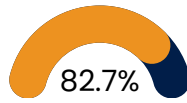


said skill training enhanced job readiness

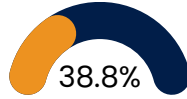


reported internships/practical exposure improved employability

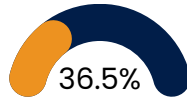
Psychosocial & Behavioural Gains



reported increased confidence



took up leadership roles

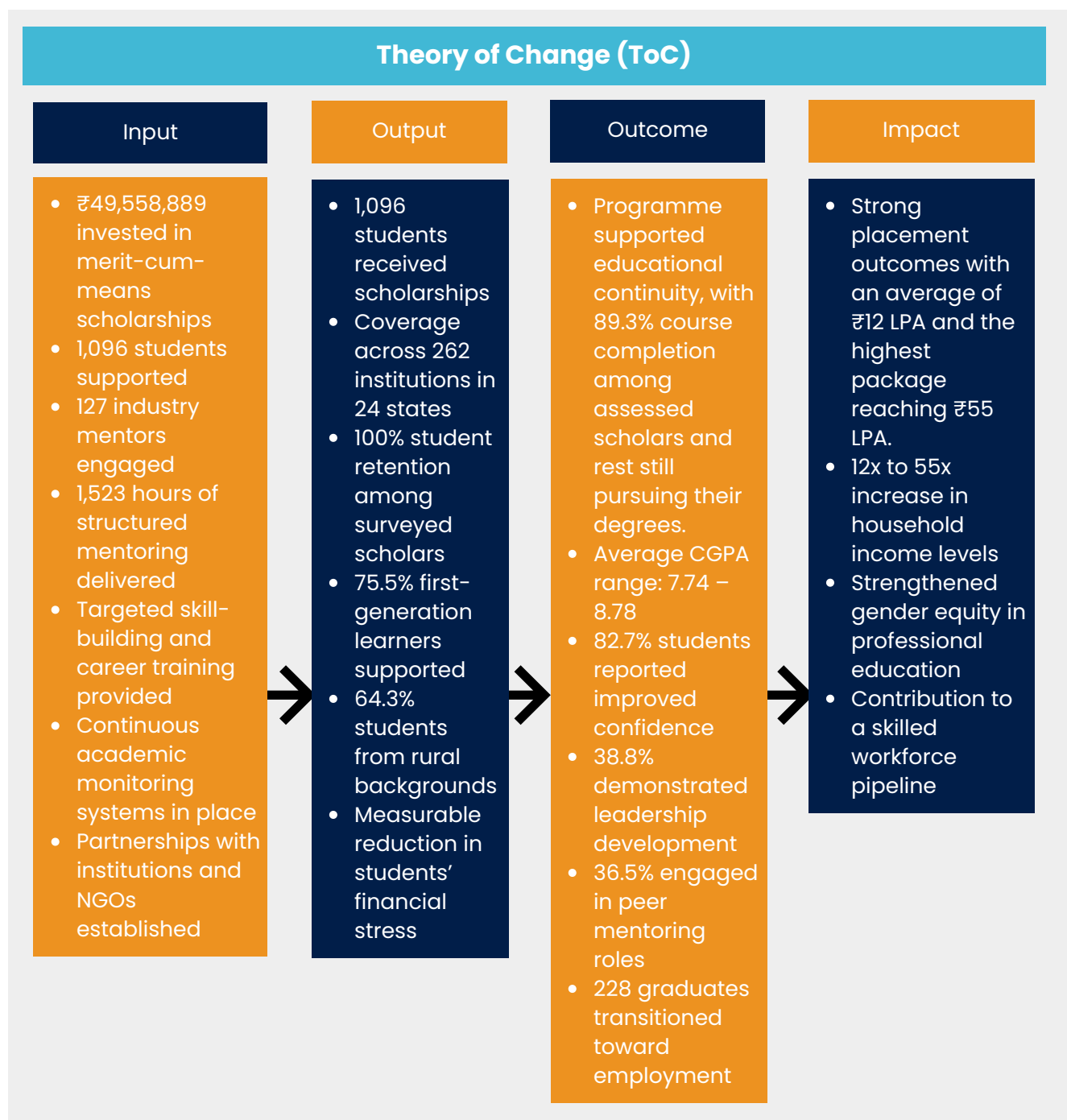


began mentoring peers

Among surveyed students, improvements were observed in study habits, time management, and career clarity (mean score: 4.1/5). Overall, in FY 2023–24, Programme Udaan demonstrated strong employment and equity outcomes. As per the secondary dataset shared by FFE, 107 scholars secured placements, with salary packages extending up to ₹55 LPA, while some opted for higher studies, and some prepared for government job opportunities, reflecting diverse post-programme pathways. While a few high-value offers raise the upper range, most salaries are concentrated in the low- to mid-teens (₹7–15 LPA), indicating early employment returns for graduates from economically vulnerable households.

Further, MBBS graduates (n=53) show a distinct pathway divergence: the majority are not entering immediate employment but are investing in higher specialisation (n=32), with most preparing for postgraduate medical entrance exams (primarily NEET-PG) and a smaller subset already transitioning into postgraduate training (e.g., first-year PG in hospitals like Sankara Eye Hospital).

Framework-wise findings



In FY 2023–24, data from surveyed participation exhibit that under Programme Udaan, strategic investment in scholarships, mentoring, skills training, and academic support enabled equitable access and retention in higher education, leading to strong academic outcomes, enhanced employability, and sustained intergenerational income mobility.

OECD-DAC

Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability were assessed through a mixed-methods triangulation approach, combining (a) quantitative beneficiary feedback captured through survey with (b) qualitative insights from in-depth interviews (IDIs), key informant interviews (KIIs), focus group discussions (FGDs), and programme records such as academic tracking and renewal documentation.

Criterion	Strategic Outcome
Relevance	Addressed financial barriers to professional education for 1,096 students across India, aligned with NEP 2020, prioritising first-generation and rural earners.
Effectiveness	Among surveyed scholars (N=395), retention was 100% (survey-based), timely completion was 89.3%, 82.7% reported confidence gains, and 84.2% agreed mentoring/career guidance improved placement outcomes.
Efficiency	Converted ₹49,558,889 investment into measurable outcomes through renewals (avg. 3.39 instalments) and 1,523 mentoring hours.
Impact	Enabled intergenerational mobility with ₹55 LPA placements (higher band), significant income gains, satisfactory gender equity, and workforce contribution of the beneficiaries.
Sustainability	Sustained non-financial outcomes, with 85.2% job readiness, 36.5% peer mentoring, and continued skill and network retention.

4.1/5

Relevance



4.1/5

Coherence



4.1/5

Effectiveness



4.2/5

Efficiency



4.2/5

Impact



4.1/5

Sustainability



Outcome Harvesting

Unplanned (Emergent) outcomes

- Improved study habits and time management skills
- Enhanced confidence and psychological well-being
- Leadership development and peer network formation

Long term outcome

- Timely Course completion and graduation
- Successful cases of employment placements
- Single-generation family economic transformation

Medium term outcome

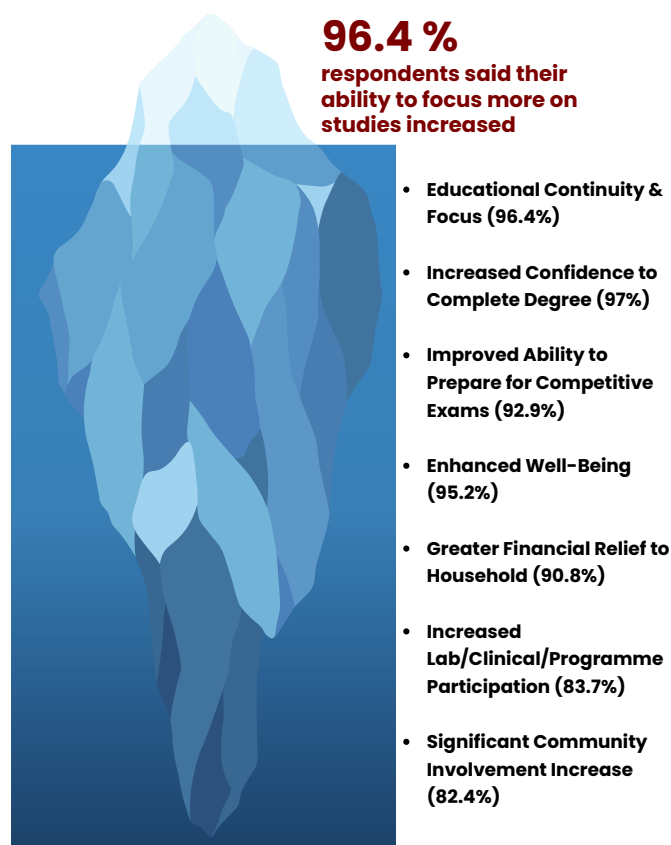
- Sustained academic excellence
- High completion rates of internships and practical training
- Development of professional skills through training programs

Short term outcome

- Educational continuity and dropout prevention: Immediate financial support enabling uninterrupted studies
- Reduction in financial stress and part-time work burden
- Psychological stabilisation and confidence building

Most-Significant Change

The Most Significant Change (MSC) analysis for Programme Udaan highlighted gains in educational continuity and academic focus, driven by immediate financial relief that reduced “survival anxiety” and helped scholars concentrate on studies. The MSC synthesis also showed improvements in confidence to complete the degree, well-being, and career readiness, alongside spillovers such as stronger peer networks/leadership, greater community involvement, and diffusion of educational aspirations across families and communities.



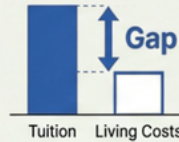
SWOT Analysis

Strengths

- Comprehensive scholarship and mentorship support
- Exceptional academic outcomes

Weaknesses

- Funding Gaps



- Disbursement delays causing fee-payment stress
- Need for tighter placement evaluation

Opportunities

- Leveraging Alumni (Mentoring & Hiring)
- Strengthening employer partnerships (Internship-to-hire pipelines)

Threats

- Recession risks slowing placements
- Rising education costs diluting scholarship value

Programme Udaan is making a strong positive difference. It is helping scholars stay on track academically, renew scholarships, and build career readiness through a mix of financial aid, structured mentoring, and skills training—driving significant improvements in family income and breaking poverty cycles. However, to sustain and expand these benefits, the program must address non-tuition cost gaps in high-cost locations, reduce disbursement delays, broaden reach beyond top institutions, and strengthen placement evaluation and hiring pipelines.

Conclusion

Programme Udaan has contributed meaningfully to reducing barriers to higher education for students from economically disadvantaged backgrounds by combining financial assistance with mentorship and academic support. The assessment indicates positive outcomes in enrolment continuity, academic progression, and skill development, alongside broader human-centred impacts such as increased confidence, resilience, and aspirational clarity among beneficiaries and their families.

While the programme's integrated scholarship model demonstrates strong relevance and value, the assessment highlights operational gaps related to ongoing household financial pressures, variations in mentoring coverage and participation, and concentration of scholar intake within premier institutions. Addressing these through strengthened monitoring, more consistent mentoring delivery, and broader outreach to diversify the applicant pipeline will be critical. With these refinements, Programme Udaan is well positioned to scale sustainably and serve as an evidence-driven CSR model advancing educational equity and social mobility in India.

Exit Plan Strategy

Stage 1: Exit Readiness (0–6 Months)

- Pause expansion; consolidate delivery quality for existing scholars.
- Complete all scholarship, mentorship, and skill-support cycles.
- Identify funding, operational, and placement dependencies.
- Ensure dedicated funds are reserved for scholarship renewals and final-year scholars.
- Finalise SOPs, data systems, and handover documentation.
- Assess FFE and alumni readiness for post-exit roles.

Stage 2: Phased Transition and Shared Ownership (6–18 Months)

- Shift to shared ownership: TransUnion CIBIL (oversight), FFE (delivery), alumni (mentorship).
- Transition placement and mentoring support to alumni and industry partners.
- Institutionalise alumni networks and peer-support structures.
- Embed monitoring and tracking within FFE systems.

Stage 3: Controlled Exit and Assurance (18–36 Months)

- Limit CSR role to governance and contingency support.
- Monitor retention, placements, and alumni engagement quarterly.
- Execute full exit after stable performance across review cycles.

References

- ASER Centre. (2023). Annual status of education report (Rural) 2022. Pratham. <https://asercentre.org/>
- Aiston, S. J., & Walraven, G. (2024). A re-view of educational inequalities. *Educational Review*, 76(1), 1–12. <https://doi.org/10.1080/00131911.2023.2286849>
- Chattopadhyay, S. (2012). *Education and economics: Disciplinary evolution and policy discourse*. Oxford University Press. <https://academic.oup.com/book/2357>
- International Agency for Research on Cancer. (2025). First dedicated population-based childhood cancer registry in India releases inaugural report. <https://www.iarc.who.int/news-events/first-dedicated-population-based-childhood-cancer-registry-in-india-releases-inaugural-report/>
- Marginson, S. (2016). The worldwide trend to high participation higher education: Dynamics of social stratification in inclusive systems. *Higher Education*, 72(4), 413–434. <https://doi.org/10.1007/s10734-016-0016-x>
- OECD. (2018). *The future of education and skills: Education 2030*. OECD Publishing. https://www.oecd.org/en/publications/the-future-of-education-and-skills_54ac7020-en.html
- UNESCO. (2020). *Education for sustainable development: A roadmap*. UNESCO Publishing. <https://unesdoc.unesco.org/ark:/48223/pf0000374802>
- UNESCO. (2021). *Reimagining our futures together: A new social contract for education*. UNESCO. <https://unesdoc.unesco.org/ark:/48223/pf0000379381>
- UNICEF. (2009). *Child-friendly schools manual*. UNICEF. <https://www.unicef.org/reports/child-friendly-schools-manual>
- World Bank. (2018). *World development report 2018: Learning to realize education's promise*. World Bank. <https://www.worldbank.org/en/publication/wdr2018>
- World Health Organization. (2023). Developing and sustaining high-quality care for children with cancer: The WHO Global Initiative for Childhood Cancer. *Revista Panamericana de Salud Pública*, 47, e164. <https://pubmed.ncbi.nlm.nih.gov/38116183/>
- World Health Organization. (2025, February 4). Childhood cancer. <https://www.who.int/news-room/fact-sheets/detail/cancer-in-children>



Programme Lead: Pooja

Advisors: Dr Gurmeet Kaur and Charu Pathak

Contact us



hello@impactdash.com



www.impactdash.com



www.linkedin.com

Registered Office

3716/4831, Sasan Padia,
Old Town, Bhubaneswar,
Khordha, Odisha, 751002

Branch Office

247, Indira Nagar, Dehradun,
Uttarakhand, 248006
Ph: +91-78954 80370

Branch Office

2203, B-Wing, Hubtown
Greenwoods,
Vartak Nagar, Thane, 400606
Ph: +91-9967357276